



Partners in Caring Program
The Team Member Crisis Fund

TEAM MEMBER ENROLLMENT FORM
Inspiring the best lives possible!

As a team member, your commitment and generosity inspire the best lives possible across our communities!

The Team Member Crisis Fund provides immediate, short-term charitable assistance to team members, their spouses, and/or their legal dependents to ease the uncertainty of hardship created by unforeseen personal tragedy, including death, fire, illnesses or natural disaster.

Donations by caring team members and residents will ease the burden of such misfortunes by providing much-needed financial aid for food, clothing, shelter and many other vital needs. Those who make the thoughtful decision to contribute to the Team Member Crisis Fund feel confident that their generosity is an instrument of hope that can uplift and provide assurances for those facing a critical need, during a most difficult time.

We encourage you to illustrate your kindness and to share your compassionate spirit by enrolling today. Thank you!

Date: _____

Name: _____

Home Address: _____

Phone: _____ Email: _____

Community: _____

Yes, I am pleased to enroll in the Team Member Crisis Fund to help team members experience greater confidence and security during a time of need. Please record my commitment as follows:

| <i>Suggested Payroll Deduction Commitment Schedule</i> | |
|--|-----------------|
| Per Pay | Annually |
| \$0.50 | \$13 |
| \$1.00 | \$26 |
| \$3 | \$78 |
| \$5 | \$130 |
| \$10 | \$260 |
| \$15 | \$390 |
| \$25 | \$650 |

Please Check One:

I hereby authorize the Payroll Department to deduct recurring donations from my paycheck the sum of (check one):

- \$0.50 per pay \$1 per pay \$3 per pay \$5 per pay \$10 per pay \$15 per pay \$25 per pay
 Other amount \$_____ per pay

Please begin my payroll deductions on the first payroll date after _____ (date).

Please Check One:

- Continue my bi-weekly payroll deductions until I elect to end them by written request.
 Stop my bi-weekly payroll deductions on _____ (date).

I hereby authorize my team members in the Payroll Department to deduct a one-time donation of \$_____ from my paycheck on the following date: _____.

Donation of Annual Leave Hours

Number of Annual Leave Hours: _____ **Pay Date for Donation:** _____

**One Annual Leave donation permitted per 12 month period. Remaining balance must be greater than or equal to 80 hours.*

Please sign:

Name: _____

Signature: _____ (Required for payroll deductions)

Please return the completed form to:

***Office of Philanthropy
c/o Page Zettlemyer, Director of Annual Giving and Donor Engagement
HumanGood East
Community Support Center
2000 Joshua Road
Lafayette Hill, PA 19444***

— OR —

***The Office of Human Resources
c/o Billie DeRemer, Director of Human Resources
HumanGood East
Community Support Center
2000 Joshua Road
Lafayette Hill, PA 19444***

This form may also be delivered to your community Human Resources Representative for processing.